
State:	District of Columbia	Filing Company:	Nationwide Life Insurance Company
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health Dental		
Product Name:	Group Dental Filing		
Project Name/Number:	Group Dental Filing/GDTL AO L20 000 0613		

Filing at a Glance

Company:	Nationwide Life Insurance Company
Product Name:	Group Dental Filing
State:	District of Columbia
TOI:	H10G Group Health - Dental
Sub-TOI:	H10G.000 Health Dental
Filing Type:	Rate
Date Submitted:	08/08/2013
SERFF Tr Num:	NWLC-129101059
SERFF Status:	Pending Industry Response
State Tr Num:	
State Status:	
Co Tr Num:	GDTL AO L20 000 0613-R
Implementation	
Date Requested:	
Author(s):	LaToyia Brooks, Ann Collins, Brenda Dawson
Reviewer(s):	Darniece Shirley (primary), Alula Selassie, Donghan Xu
Disposition Date:	
Disposition Status:	
Implementation Date:	
State Filing Description:	

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General Information

Project Name: Group Dental Filing	Status of Filing in Domicile:
Project Number: GDTL AO L20 000 0613	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small and Large
Group Market Type: Employer, Association, Blanket	Overall Rate Impact:
Filing Status Changed: 08/28/2013	
State Status Changed:	Deemer Date:
Created By: Brenda Dawson	Submitted By: Brenda Dawson
Corresponding Filing Tracking Number: NWLC-129101060	

Filing Description:

Nationwide Life Insurance Company (the "Company") is filing the attached Actuarial Memorandum and Rate Manual for use with a group dental product offered to employers, associations and colleges, filed under SERFF Tracking NWLC-129101060. The forms and rates are new and do not replace any forms or rates previously approved by your department. The product provides preventative, basic, major, and orthodontia benefits. The group policyholder will choose between an indemnity or network plan. We certify that to the best of our knowledge and belief, these forms do not violate any laws or regulations of your state and do not contain any previously disapproved provisions.

Takeover benefits when applicable are included for groups that come to the Company from other carriers. This will allow the individual to be given credit for benefit waiting periods for like coverages accumulated under their prior plan.

Insurance Compliance Consultants, Inc., is submitting this filing on behalf of Nationwide Life Insurance Company. A filing authorization letter is attached.

Company and Contact

Filing Contact Information

Latoyia Brooks, Sr. Compliance Analyst	brookl10@nationwide.com
1 Nationwide Plaza	614-677-3871 [Phone]
Columbus, OH 43215	

Filing Company Information

Nationwide Life Insurance Company	CoCode: 66869	State of Domicile: Ohio
5525 Parkcenter Circle	Group Code: 140	Company Type:
Dublin, OH 43017	Group Name:	State ID Number:
(614) 854-3375 ext. [Phone]	FEIN Number: 31-4156830	

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

State:	District of Columbia	Filing Company:	Nationwide Life Insurance Company
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Correspondence Summary

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Darniece Shirley	08/28/2013	08/28/2013

Response Letters

Responded By	Created On	Date Submitted
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State: District of Columbia **Filing Company:** Nationwide Life Insurance Company
TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health Dental
Product Name: Group Dental Filing
Project Name/Number: Group Dental Filing/GDTL AO L20 000 0613

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	08/28/2013
Submitted Date	08/28/2013
Respond By Date	09/18/2013

Dear Latoyia Brooks,

Introduction:

Thank you for your recent filing. Please see below for additional information requested to continue review of the rate filing.

Objection 1

- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)

Comments: Actuarial Memorandum: 1. Scope and Purpose It is mentioned that This is a new product filing to replace the previous filing. Please provide the SERFF tracking number for the previous filing mentioned.

Objection 2

- Cover Letter All Filings (Supporting Document)
- Certificate of Authority to File (Supporting Document)
- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- District of Columbia and Countrywide Loss Ratio Analysis (P&C) (Supporting Document)
- District of Columbia and Countrywide Experience for the Last 5 Years (P&C) (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)
- Unified Rate Review Template (Supporting Document)
- Rate manual, [GDTL AO L20 000 0613] (Rate)

Comments: Please confirm: This rate review is limited to DC resident policyholders or DC domiciled group certificate holders. All other rate requests will need to be reviewed by that respective state.

Objection 3

- Cover Letter All Filings (Supporting Document)
- Certificate of Authority to File (Supporting Document)
- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- District of Columbia and Countrywide Loss Ratio Analysis (P&C) (Supporting Document)
- District of Columbia and Countrywide Experience for the Last 5 Years (P&C) (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)
- Unified Rate Review Template (Supporting Document)
- Rate manual, [GDTL AO L20 000 0613] (Rate)

Comments: Please note, this rate filing is subject to conformity with the corresponding forms filing. This department reserves the right to withdraw the filing if not.

Conclusion:

Sincerely,
Darniece Shirley

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TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health Dental		
Product Name:	Group Dental Filing		
Project Name/Number:	Group Dental Filing/GDTL AO L20 000 0613		

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type: %

Overall Percentage of Last Rate Revision: %

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Nationwide Life Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

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Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate manual	GDTL AO L20 000 0613	New		Dental_Rating_Manual.pdf,

Nationwide Life Insurance Company

Group Dental Insurance Policy

Policy Form GDTL AO L26 000 0613

Rating Manual

I. Dental (2-9 Lives)

Step 1 - Area Classification

Select the appropriate Area Classification Code based on the 3-digit zip code of the group, as shown in Table 1.

Step 2 - Base Rate

For each individual, select the appropriate tier rate from Table 2 - Base Rates. Rates vary based on the group's Area Classification Code and the Plan selected by the group.

Step 3 - Industry Factor

For each individual, multiply the rate from Step 2 by the appropriate industry factor from Table 3. Industry factors are listed by SIC code.

Step 4 - Trend Factor

Multiply the result of Step 3 for each individual by a trend factor of 4% per year beginning January 1, 2014.

Example: For a plan effective date of August 1, 2014, the trend factor would be $(1.04^{(7/12)}) = 1.0231$.

Step 5 - Orthodontia Coverage

If Plan 1 is selected with Orthodontia Coverage, add the Orthodontia Coverage Load from Table 4 to the result from Step 4.

Note: Orthodontia coverage is available for Plan 1 only.

Step 6 - Underwriting Adjustment

Calculate the final monthly premium for each individual by multiplying the result of Step 5 by the underwriting adjustment.

Table 1 - Area Classification Codes

3-digit Zip Code	Area Code	3-digit Zip Code	Area Code	3-digit Zip Code	Area Code	3-digit Zip Code	Area Code	3-digit Zip Code	Area Code
6	I	191	E	376	C	559	G	780	E
7	I	193	H	377	D	560	G	781	C
9	I	194	F	378	C	561	E	782	A
10	I	195	B	379	F	562	E	783	C
11	I	196	B	380	D	563	G	784	C
12	H	197	J	381	D	564	F	785	B
13	J	198	J	382	B	570	F	786	H
14	I	199	I	383	A	571	G	787	H
15	J	200	J	384	D	572	F	788	D
16	I	201	I	385	C	581	H	789	E
17	J	206	H	386	C	582	D	790	G
18	J	207	F	387	D	584	D	791	G
19	J	208	H	388	E	586	D	793	E
20	J	209	H	389	E	588	D	794	D
21	J	210	F	390	C	591	H	796	D
23	I	211	E	391	D	592	F	797	D
24	J	212	C	392	E	597	F	798	C
25	J	214	H	393	D	598	H	799	C
26	J	215	I	394	D	599	F	800	H
27	G	216	F	395	D	600	I	801	I
28	H	217	H	396	D	601	G	802	H
29	I	218	G	397	E	602	H	803	J
30	J	219	I	400	A	603	H	804	H
31	I	220	I	401	A	604	F	805	H
33	J	221	H	402	A	605	H	806	H
34	I	222	I	403	A	606	F	808	I
35	I	223	I	404	A	607	G	809	H
37	J	224	I	405	B	608	G	810	E
38	J	225	E	406	C	609	F	812	F
40	I	226	H	407	A	610	F	813	G
41	J	227	H	408	A	611	F	814	G
42	I	228	H	409	A	612	D	815	G
43	H	229	H	410	C	613	E	816	I
44	I	230	G	411	A	614	D	820	F
45	H	231	G	412	A	615	E	823	F

3-digit Zip Code	Area Code	3-digit Zip Code	Area Code	3-digit Zip Code	Area Code	3-digit Zip Code	Area Code	3-digit Zip Code	Area Code
46	H	232	G	413	A	616	G	829	F
47	H	233	H	414	A	617	F	831	F
48	I	234	H	415	B	618	G	832	C
49	H	235	H	416	A	619	D	833	F
52	H	236	I	417	B	620	B	834	C
53	H	237	H	418	A	622	B	835	F
54	I	238	G	420	C	623	C	836	F
56	H	239	F	421	C	624	B	837	G
57	H	240	H	422	B	625	B	838	F
58	H	242	C	423	C	626	B	840	A
60	I	243	C	424	C	627	G	841	B
61	J	244	F	425	A	628	B	843	B
62	J	245	F	426	A	629	E	844	A
63	I	246	C	427	A	630	G	845	A
64	J	249	D	430	E	631	G	846	A
65	I	250	C	431	E	633	G	847	A
66	J	251	C	432	D	634	D	850	C
67	I	252	D	433	C	636	C	851	I
68	J	253	C	434	E	637	C	852	E
69	J	255	D	435	E	638	A	853	C
70	I	256	C	436	B	639	A	855	G
71	C	257	C	437	B	640	C	856	H
72	G	258	D	438	B	641	E	857	D
73	C	259	D	439	B	644	A	859	F
74	J	260	B	440	B	645	B	860	I
75	G	261	B	441	A	646	A	863	F
76	I	262	B	442	C	647	B	864	G
77	H	263	B	443	A	648	E	870	H
78	I	264	B	444	B	652	G	871	I
79	J	265	B	445	A	653	B	874	H
80	G	266	D	446	C	654	B	875	H
81	G	267	B	447	B	655	A	877	F
82	F	268	B	448	C	656	B	878	E
83	E	270	G	449	B	657	B	879	G
84	B	271	I	450	E	658	F	880	D
85	I	272	H	451	D	660	F	881	G
86	G	273	H	452	E	661	A	882	C
87	E	274	H	453	C	662	H	883	E
88	I	275	I	454	E	664	E	884	G
89	H	276	I	455	B	665	E	890	B
100	J	277	I	456	B	666	E	891	C
101	J	278	H	457	C	667	D	894	J
103	G	279	H	458	D	668	D	895	I
104	E	280	I	460	F	669	C	897	I
105	J	281	I	461	E	670	D	898	J
106	I	282	I	462	E	671	D	900	J
107	I	283	G	463	F	672	F	902	I
108	I	284	H	464	D	673	D	903	I
109	I	285	H	465	E	675	D	904	J
110	I	286	G	466	F	676	D	905	I
111	G	287	I	467	F	678	D	906	F
112	F	288	I	468	E	679	D	907	D
113	G	290	F	469	F	680	B	908	H
114	C	291	E	470	D	681	C	910	I
115	I	292	G	471	C	683	B	911	I
116	F	293	D	472	D	684	A	912	J
117	G	294	G	473	F	685	C	913	J
118	H	295	E	474	E	686	B	914	H
119	H	296	G	475	D	687	B	915	J
120	F	297	G	476	D	688	A	916	J
121	D	298	G	477	E	700	C	917	G
122	D	299	F	478	D	701	D	918	J
123	D	300	G	479	F	703	E	919	E
124	H	301	E	480	D	704	C	920	G
125	E	302	G	481	E	705	E	921	H
126	I	303	H	482	C	706	E	922	I
127	G	304	G	483	D	707	C	923	H
128	D	305	G	484	E	708	D	924	G

3-digit Zip Code	Area Code	3-digit Zip Code	Area Code	3-digit Zip Code	Area Code	3-digit Zip Code	Area Code	3-digit Zip Code	Area Code
129	E	306	H	485	E	710	D	925	D
130	C	307	F	486	F	711	D	926	J
131	B	308	G	487	E	712	C	927	E
132	A	309	G	488	F	713	C	928	H
133	F	310	G	489	E	714	D	930	I
134	A	312	F	490	G	716	B	931	J
135	A	313	G	491	G	717	B	932	I
136	B	314	G	492	G	719	B	933	D
137	F	315	G	493	G	720	B	934	J
138	A	316	F	494	G	721	B	935	C
139	F	317	F	495	F	722	D	936	G
140	B	318	F	496	H	723	B	937	C
141	B	319	F	497	G	724	C	939	J
142	A	320	E	498	F	725	E	940	J
143	A	321	B	499	D	726	F	941	J
144	E	322	B	500	F	727	E	943	J
145	D	323	C	501	F	728	B	944	J
146	B	324	F	502	F	729	D	945	J
147	A	325	F	503	F	730	F	946	J
148	F	326	F	504	C	731	E	947	J
149	A	327	A	505	B	734	E	948	J
150	A	328	A	506	B	735	D	949	J
151	A	329	F	507	B	737	D	950	J
152	A	330	G	508	C	738	E	951	J
153	A	331	I	510	C	740	E	952	H
154	A	333	G	511	E	741	D	953	H
155	A	334	G	512	B	743	B	954	J
156	A	335	A	514	B	744	A	955	J
157	A	336	A	515	B	745	C	956	I
158	A	337	C	516	B	746	D	957	J
159	A	338	C	520	D	747	E	958	I
160	B	339	D	522	D	748	C	959	I
161	B	341	H	523	D	749	C	960	J
162	B	342	G	524	D	750	F	961	J
163	B	344	B	525	D	751	E	967	J
164	B	346	A	526	D	752	C	968	J
165	B	347	A	527	E	753	I	970	J
166	C	349	G	528	E	754	C	971	J
167	A	350	A	530	H	755	C	972	J
168	C	351	A	531	G	756	D	973	I
170	E	352	B	532	H	757	E	974	J
171	C	354	A	534	H	758	E	975	J
172	D	355	A	535	H	759	E	976	J
173	E	356	C	537	I	760	F	977	J
174	D	357	D	538	H	761	C	978	I
175	F	358	C	539	H	762	F	979	I
176	G	359	A	540	G	763	G	980	J
177	B	360	A	541	H	764	E	981	J
178	B	361	A	542	H	765	D	982	J
179	B	362	A	543	I	766	C	983	J
180	F	363	A	544	H	767	D	984	J
181	E	364	A	545	F	768	E	985	J
182	A	365	C	546	G	769	E	986	J
183	F	366	B	547	H	770	D	988	J
184	B	367	A	548	F	773	F	989	J
185	A	368	A	549	H	774	G	990	J
186	B	370	E	550	I	775	D	991	J
187	A	371	E	551	I	776	D	992	J
188	C	372	F	553	I	777	C	993	J
189	H	373	C	554	I	778	E	995	J
190	G	374	E	558	G	779	E	996	J
								All Others	J

Table 2 - Base Rates

Plan Design Options		Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Deductible		\$50	\$50	\$50	\$25	\$25 INN/ \$50 OON
Family Limit on Deductible		3X	No limit	3X	No limit	3X
Plan Year Maximum		\$1,500	\$1,000	\$1,500	\$1,000	\$1,000
Diagnostic and Preventative Services		100%	100%	100%	100%	100% INN/ 80% OON
Basic Services		80%	80%	90% INN/ 80% OON	50%	80% INN/ 60% OON
Major Services		50%	50%	50%	0%	50% INN/ 40% OON
Area	Tier	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
A	Member Only	31.45	27.04	30.47	18.27	21.77
	Member and Spouse	61.27	52.44	59.31	34.91	41.90
	Member and Children	76.15	68.88	74.85	53.59	54.85
	Family	116.08	103.75	113.73	78.22	82.47
B	Member Only	34.16	29.30	32.91	19.71	23.15
	Member and Spouse	66.68	56.96	64.19	37.78	44.67
	Member and Children	82.93	74.93	80.80	58.03	58.75
	Family	126.49	112.92	122.91	84.77	88.31
C	Member Only	36.08	30.93	34.73	20.74	24.18
	Member and Spouse	70.51	60.22	67.81	39.83	46.72
	Member and Children	87.41	79.04	84.92	61.07	61.09
	Family	133.46	119.21	129.36	89.29	91.98
D	Member Only	37.33	31.98	35.89	21.40	24.71
	Member and Spouse	73.01	62.33	70.13	41.17	47.78
	Member and Children	90.72	82.03	88.36	63.25	62.81
	Family	138.48	123.70	134.48	92.48	94.50
E	Member Only	38.14	32.67	36.66	21.83	25.44
	Member and Spouse	74.65	63.70	71.68	42.02	49.25
	Member and Children	92.95	84.11	90.42	64.84	65.01
	Family	141.85	126.78	137.61	94.76	97.77
F	Member Only	39.56	33.89	38.01	22.60	26.28
	Member and Spouse	77.49	66.14	74.38	43.55	50.93
	Member and Children	96.64	87.48	93.86	67.34	67.13
	Family	147.49	131.86	142.86	98.42	101.02
G	Member Only	40.95	35.08	39.37	23.35	27.38
	Member and Spouse	80.27	68.52	77.10	45.06	53.13
	Member and Children	99.66	90.19	96.84	69.34	69.66
	Family	152.26	136.10	147.57	101.45	104.96
H	Member Only	43.18	36.98	41.50	24.55	28.70
	Member and Spouse	84.71	72.32	81.36	47.45	55.75
	Member and Children	104.78	94.99	101.92	72.82	73.32
	Family	160.25	143.45	155.45	106.64	110.47
I	Member Only	46.30	39.65	44.49	26.22	30.70
	Member and Spouse	90.95	77.65	87.34	50.80	59.76
	Member and Children	112.83	102.26	109.54	78.22	78.35
	Family	172.54	154.43	167.11	114.57	118.19
J	Member Only	53.52	45.98	51.42	30.25	35.05
	Member and Spouse	105.40	90.32	101.21	58.85	68.46
	Member and Children	131.82	120.35	128.14	91.91	90.95
	Family	201.42	181.51	195.28	134.47	137.01

Note: INN = In Network, OON = Out of Network

Table 3 - Industry Factors

SIC Code		Category	Description	Factor
From	To			
100	199	Agriculture	Agriculture - Crops	0.825
200	299	Agriculture	Agriculture - Livestock	0.850
300	999	Agriculture	Agriculture, Forestry, Fishing	0.875
1000	1299	Mining	Metal Mining, Coal Mining	1.000
1300	1399	Mining	Oil/Gas	0.875
1400	1499	Mining	Nonmetallic Mining	1.000
1500	1599	Construction	General Contractors	0.950
1600	1799	Construction	Heavy Construction, Special Trade Contractors	0.925
2000	2099	Manufacturing	Food Products	0.900
2100	2199	Manufacturing	Tobacco	0.950
2200	2399	Manufacturing	Textile Mills, Apparel	0.900

SIC Code		Category	Description	Factor
From	To			
2400	2499	Manufacturing	Lumber & Wood	0.875
2500	2599	Manufacturing	Furniture	0.900
2600	2699	Manufacturing	Paper & Allied Products	0.950
2700	2899	Manufacturing	Printing, Chemicals	0.975
2900	2999	Manufacturing	Petroleum & Coal	0.925
3000	3099	Manufacturing	Rubber & Plastics	0.975
3100	3199	Manufacturing	Leather	1.000
3200	3299	Manufacturing	Stone, Clay, Glass, Concrete	0.875
3300	3399	Manufacturing	Metals	0.900
3400	3499	Manufacturing	Fabricated Metals	0.925
3500	3599	Manufacturing	Machinery	1.000
3600	3699	Manufacturing	Electrical Equipment	1.050
3700	3799	Manufacturing	Transportation Equipment	0.975
3800	3899	Manufacturing	Instruments	1.050
3900	3999	Manufacturing	Misc. Manufacturing	1.000
4000	4299	Transportation	Railroad, Local Transit, Trucking & Warehousing	0.900
4300	4399	Transportation	US Postal Service	0.900
4400	4499	Transportation	Water Transport	0.900
4500	4599	Transportation	Air Transport	0.950
4600	4799	Transportation	Pipeline, Transport Services	0.900
4800	4899	Utilities	Communication	0.950
4900	4999	Utilities	Electric, Gas, etc	0.850
5000	5099	Trade	Wholesale - Durable	1.000
5100	5199	Trade	Wholesale - Non-Durable	1.025
5200	5299	Trade	Retail Trade - Hardware	0.950
5300	5499	Trade	Retail Trade - General, Food	0.900
5500	5699	Trade	Retail Trade - Automotive, Apparel	0.975
5700	5799	Trade	Retail Trade - Furniture	0.950
5800	5899	Trade	Retail Trade - Restaurants	0.900
5900	5999	Trade	Retail Trade - Misc.	1.000
6000	6499	Finance	Banks, Credit Agencies, Brokers, Insurance Carriers	1.100
6500	6999	Finance	Real Estate Agents, Holding Invest. Co.	1.100
7000	7199	Services	Hotels	0.900
7200	7299	Services	Personal Service	0.975
7300	7499	Services	Business Service	0.950
7500	7599	Services	Auto Repair & Garages	0.900
7600	7799	Services	Repair Service	0.900
7800	7899	Services	Motion Pictures	0.900
7900	7999	Services	Recreation	1.025
8000	8049	Health Services	Medical	1.100
8050	8069	Health Services	Facility	0.950
8070	8099	Health Services	Medical	1.100
8100	8299	Services	Legal, Education	1.200
8300	8399	Services	Social Service	1.050
8400	8699	Services	Museums & Zoos, Nonprofit Organizations	1.050
8700	8799	Services	Engineering, Accounting	1.050
8800	8899	Services	Private Households	1.100
8900	9099	Services	Misc. Services	1.000
9100	9299	Public Admin	General Gov't, Judicial	1.025
9300	9399	Public Admin	Public Finance	1.000
9400	9499	Public Admin	Human Resources Admin	0.975
9500	9599	Public Admin	Housing Admin	1.050
9600	9699	Public Admin	Economic Program Admin	1.025
9700	9899	Public Admin	International & National Security	1.000
9900	9999	XXX	No Code	1.000

Table 4 - Orthodontia Coverage Optional Rider
(Available for Plan 1 Only)

Benefits

Orthodontia Services: 50%

Orthodontia Maximum: \$1,000

Tier	Load
Member Only	\$ -
Member and Spouse	\$ -
Member and Children	\$ 6.55
Family	\$ 8.00

II. Dental (10+ Lives)

Step 1 Base Net Annual Claim Charges by Category

The Base Net Annual Claim Charges below vary by the distribution of census by reimbursement schedule which varies by 3-digit zip code and network.

Note: The Service Type Classifications and Total Annual Costs shown below for each Category of Service are for illustrative purposes only. The Service Type Classifications shown represent our most common plan design. The Total Annual Costs below are based on an average national rate. Actual rates may be higher or lower.

Category of Service	In-Network		Out-of-Network		INN		OON	
	Adult Service Type	Child Service Type	Adult Service Type	Child Service Type	Adult Total Ann Cost	Child Total Ann Cost	Adult Total Ann Cost	Child Total Ann Cost
Cleanings	A	A	A	A	39.43	38.36	45.44	44.54
Exams and Diagnostics	A	A	A	A	22.62	25.26	26.76	29.92
Fluoride	Not Included	A	Not Included	A	1.46	16.48	1.08	12.02
Sealants	Not Included	A	Not Included	A	0.00	10.10	0.00	11.52
Space Maintainers	Not Included	A	Not Included	A	0.00	1.76	0.00	2.04
Emergency Pain	B	B	B	B	4.11	1.94	4.79	2.25
Oral Cancer Screening	Not Included	Not Included	Not Included	Not Included	0.21	0.00	0.15	0.00
Occlusal Guards	Not Included	Not Included	Not Included	Not Included	0.28	0.00	0.22	0.00
Radiographs - Bitewings	A	A	A	A	16.02	15.16	19.44	18.11
Radiographs - FMX	A	A	A	A	8.60	6.01	10.10	6.95
Restorations (Amalgams & Anterior Resin)	B	B	B	B	34.71	32.67	41.71	39.65
Restorations (Posterior Resin)	B	B	B	B	3.30	4.07	3.79	4.70
Simple Extractions	B	B	B	B	8.17	6.86	9.67	8.10
Surgical Extractions	B	B	B	B	4.70	15.31	5.47	17.33
Oral Surgery	B	B	B	B	0.26	0.55	0.26	0.54
Endodontics	B	B	B	B	22.90	5.58	25.65	6.37
Periodontal Maintenance	B	B	B	B	3.90	0.03	4.39	0.03
Non-Surgical Periodontics	B	B	B	B	8.07	0.28	9.44	0.33
Surgical Periodontics	B	B	B	B	2.67	0.37	2.87	0.32
Inlays	C	C	C	C	0.12	0.02	0.16	0.03
Onlays	C	C	C	C	1.23	0.09	1.60	0.12
Crowns (& Diagnostic Casts)	C	C	C	C	49.49	4.23	56.85	4.74
Porcelain Crowns, Pontics, etc.	C	C	C	C	13.40	0.92	14.89	1.06
Crown/Inlay/Onlay Recementation	B	B	B	B	0.57	0.03	0.67	0.03
Bridges	C	C	C	C	0.37	0.03	0.41	0.03
Bridge Recementation	B	B	B	B	0.01	0.00	0.01	0.00
Dentures	C	C	C	C	6.86	0.07	7.13	0.07
Crown/Denture Repairs	C	C	C	C	0.66	0.01	0.74	0.01
Implants	Not Included	Not Included	Not Included	Not Included	6.00	0.00	6.00	0.00
Temporomandibular Joint	Not Included	Not Included	Not Included	Not Included	9.00	9.00	9.00	9.00
Anesthesia	B	B	B	B	1.24	3.88	1.33	4.04
Orthodontic Coverage	Not Included	Not Included	Not Included	Not Included	0.00	0.00	0.00	0.00

Product types are:

Passive PPO Plan ==> In-Network(INN) and Out-of-Network(OON) benefits are identical and INN reimbursement is from the PPO schedule, while OON reimbursement is from the R&C schedule.

Active PPO Plan ==> In-Network(INN) and Out-of-Network(OON) benefits can be different and INN reimbursement is from the PPO schedule, while OON reimbursement is from the R&C schedule.

MAC PPO Plan ==> In-Network(INN) and Out-of-Network(OON) benefits can be different but both INN & OON reimbursement are from the PPO schedule.

Schedule Plan ==> Regardless of whether services are provided by INN or OON providers, benefits are always reimbursed from a pre-defined reimbursement schedule.

Indemnity Plan ==> Regardless of whether services are provided by INN or OON providers, benefits are always reimbursed from the R&C reimbursement schedule.

Step 2 Trend Factor Adjustment

Category	Factor	Effective Date of Schedule
Network	0.020	1/1/2014
R&C	0.050	4/1/2010
Schedule	0.000	1/1/2010

Step 3 Rate Guarantee Adjustment

The standard rate guarantee is 12 months. If a 24-month rate guarantee is selected, then an additional 6 months of trend is included in the rates.

Step 4 R&C Adjustment

Starting Claim Costs are based on the underlying reimbursement schedule. For Indemnity plans and OON claims on PPO plans, the 80th percentile R&C is assumed. However, if a different R&C percentile is used for reimbursements, the following factors apply:

Percentile	Factor
90%	1.000
85%	0.991
80%	0.979
75%	0.966
70%	0.949
60%	0.911
50%	0.867

Note: This step is NOT used in the rate calculation except when an R&C schedule is used to reimburse claims.

Note: This step does not apply to Orthodontia since this is a flat dollar benefit not changing with changes in R&C.

Step 5 Sub-Total 1

Multiply Steps 1 through 4.

Step 6 Deductible Adjustment**Deductible Not Waived for A**

Deductible	Adult			Child		
	A	B	C	A	B	C
\$0	0.00	0.00	0.00	0.00	0.00	0.00
\$25 Annual	-1.04	-0.03	0.00	-0.99	-0.05	0.00
\$50 Annual	-2.03	-0.06	-0.01	-1.98	-0.09	-0.01
\$75 Annual	-3.01	-0.09	-0.02	-2.95	-0.16	-0.02
\$100 Annual	-3.96	-0.16	-0.03	-3.88	-0.23	-0.03
\$150 Annual	-4.90	-0.45	-0.20	-4.81	-0.49	-0.10
\$200 Annual	-5.81	-0.90	-0.45	-5.50	-0.95	-0.21
\$250 Annual	-6.30	-1.50	-0.85	-6.05	-1.60	-0.29
\$75 Lifetime	-1.54	-0.01	0.00	-1.49	-0.07	-0.01
\$100 Lifetime	-2.03	-0.06	-0.01	-1.98	-0.09	-0.01
\$150 Lifetime	-3.01	-0.09	-0.02	-2.95	-0.16	-0.02
\$200 Lifetime	-3.96	-0.16	-0.03	-3.88	-0.23	-0.03
\$250 Lifetime	-4.86	-0.44	-0.18	-4.78	-0.48	-0.09

Deductible Waived for A Only if Cleaning or Exam in Prior Plan Year

Deductible	Adult			Child		
	A	B	C	A	B	C
\$0	0.00	0.00	0.00	0.00	0.00	0.00
\$25 Annual	-0.52	-0.31	-0.13	-0.49	-0.33	-0.02
\$50 Annual	-1.02	-0.64	-0.24	-0.99	-0.65	-0.05
\$75 Annual	-1.51	-0.95	-0.36	-1.47	-0.98	-0.08
\$100 Annual	-1.98	-1.29	-0.47	-1.94	-1.30	-0.11
\$150 Annual	-2.45	-1.80	-0.81	-2.41	-1.80	-0.18
\$200 Annual	-2.91	-2.50	-1.18	-2.75	-2.52	-0.27
\$250 Annual	-3.15	-3.25	-1.65	-3.03	-3.32	-0.34
\$75 Lifetime	-0.77	-0.48	-0.17	-0.75	-0.49	-0.05
\$100 Lifetime	-1.02	-0.64	-0.24	-0.99	-0.65	-0.06
\$150 Lifetime	-1.51	-0.95	-0.36	-1.48	-0.99	-0.08
\$200 Lifetime	-1.98	-1.29	-0.47	-1.94	-1.30	-0.11
\$250 Lifetime	-2.43	-1.73	-0.65	-2.39	-1.69	-0.16

Deductible Waived for A

Deductible	Adult			Child		
	A	B	C	A	B	C
\$0	0.00	0.00	0.00	0.00	0.00	0.00
\$25 Annual	0.00	-0.58	-0.26	0.00	-0.61	-0.05
\$50 Annual	0.00	-1.21	-0.47	0.00	-1.21	-0.10
\$75 Annual	0.00	-1.81	-0.70	0.00	-1.81	-0.13
\$100 Annual	0.00	-2.41	-0.91	0.00	-2.37	-0.18
\$150 Annual	0.00	-3.15	-1.41	0.00	-3.10	-0.26
\$200 Annual	0.00	-4.10	-1.91	0.00	-4.09	-0.32
\$250 Annual	0.00	-5.00	-2.45	0.00	-5.04	-0.39
\$75 Lifetime	0.00	-0.94	-0.33	0.00	-0.91	-0.08
\$100 Lifetime	0.00	-1.21	-0.47	0.00	-1.21	-0.10
\$150 Lifetime	0.00	-1.81	-0.70	0.00	-1.81	-0.13
\$200 Lifetime	0.00	-2.41	-0.91	0.00	-2.37	-0.18
\$250 Lifetime	0.00	-3.01	-1.12	0.00	-2.90	-0.23

Deductible Not Waived for A, Including 4th Quarter Deductible Carry Forward

Deductible	Adult			Child		
	A	B	C	A	B	C
\$0	0.00	0.00	0.00	0.00	0.00	0.00
\$25 Annual	-0.83	-0.02	0.00	-0.79	-0.04	0.00
\$50 Annual	-1.62	-0.05	-0.01	-1.58	-0.08	0.00
\$75 Annual	-2.41	-0.07	-0.01	-2.36	-0.13	-0.02
\$100 Annual	-3.17	-0.13	-0.02	-3.11	-0.19	-0.02
\$150 Annual	-3.92	-0.36	-0.16	-3.85	-0.39	-0.08
\$200 Annual	-4.65	-0.72	-0.36	-4.40	-0.76	-0.17
\$250 Annual	-5.04	-1.20	-0.68	-4.84	-1.28	-0.23
\$75 Lifetime	-1.54	-0.01	0.00	-1.49	-0.07	-0.01
\$100 Lifetime	-2.03	-0.06	-0.01	-1.98	-0.09	-0.01
\$150 Lifetime	-3.01	-0.09	-0.02	-2.95	-0.16	-0.02
\$200 Lifetime	-3.96	-0.16	-0.03	-3.88	-0.23	-0.03
\$250 Lifetime	-4.86	-0.44	-0.18	-4.78	-0.48	-0.09

Deductible Waived for A Only if Cleaning or Exam in Prior Plan Year, Including 4th Quarter Deductible Carry Forward

Deductible	Adult			Child		
	A	B	C	A	B	C
\$0	0.00	0.00	0.00	0.00	0.00	0.00
\$25 Annual	-0.42	-0.25	-0.10	-0.39	-0.26	-0.02
\$50 Annual	-0.82	-0.51	-0.19	-0.79	-0.52	-0.04
\$75 Annual	-1.21	-0.76	-0.29	-1.18	-0.78	-0.06
\$100 Annual	-1.58	-1.03	-0.38	-1.55	-1.04	-0.09
\$150 Annual	-1.96	-1.44	-0.65	-1.93	-1.44	-0.14
\$200 Annual	-2.33	-2.00	-0.94	-2.20	-2.02	-0.22
\$250 Annual	-2.52	-2.60	-1.32	-2.42	-2.66	-0.27
\$75 Lifetime	-0.77	-0.48	-0.17	-0.75	-0.49	-0.05
\$100 Lifetime	-1.02	-0.64	-0.24	-0.99	-0.65	-0.06
\$150 Lifetime	-1.51	-0.95	-0.36	-1.48	-0.99	-0.08
\$200 Lifetime	-1.98	-1.29	-0.47	-1.94	-1.30	-0.11
\$250 Lifetime	-2.43	-1.73	-0.65	-2.39	-1.69	-0.16

Deductible Waived for A, Including 4th Quarter Deductible Carry Forward

Deductible	Adult			Child		
	A	B	C	A	B	C
\$0	0.00	0.00	0.00	0.00	0.00	0.00
\$25 Annual	0.00	-0.46	-0.21	0.00	-0.48	-0.04
\$50 Annual	0.00	-0.97	-0.38	0.00	-0.96	-0.08
\$75 Annual	0.00	-1.45	-0.56	0.00	-1.45	-0.10
\$100 Annual	0.00	-1.93	-0.73	0.00	-1.90	-0.14
\$150 Annual	0.00	-2.52	-1.13	0.00	-2.48	-0.21
\$200 Annual	0.00	-3.28	-1.53	0.00	-3.27	-0.26
\$250 Annual	0.00	-4.00	-1.96	0.00	-4.03	-0.31
\$75 Lifetime	0.00	-0.94	-0.33	0.00	-0.91	-0.08
\$100 Lifetime	0.00	-1.21	-0.47	0.00	-1.21	-0.10
\$150 Lifetime	0.00	-1.81	-0.70	0.00	-1.81	-0.13
\$200 Lifetime	0.00	-2.41	-0.91	0.00	-2.37	-0.18
\$250 Lifetime	0.00	-3.01	-1.12	0.00	-2.90	-0.23

Note: Deductible credits assume a separate deductible is satisfied for each family member. If a family certificate is limited to three deductibles, use 50% of the child deductible adjustment. If a family certificate is limited to two deductibles, use 25% of the child deductible adjustment.

Family Deductible Limit	Factor
None	1.000
2x	0.250
3x	0.500

Step 7 Sub-Total 2

Sum Steps 5 and 6.

Step 8 Plan Maximum Adjustment**Standard**

Maximum	Adult				Child			
	A	B	C	D	A	B	C	D
\$500	1.000	0.920	0.600	0.600	1.000	0.920	0.600	0.600
\$750	1.000	0.980	0.760	0.800	1.000	0.980	0.760	0.800
\$1,000	1.000	1.000	0.860	1.000	1.000	1.000	0.860	1.000
\$1,200	1.000	1.000	1.110	1.200	1.000	1.000	1.110	1.200
\$1,250	1.000	1.000	1.110	1.200	1.000	1.000	1.110	1.200
\$1,500	1.000	1.000	1.250	1.400	1.000	1.000	1.250	1.400
\$2,000	1.000	1.000	1.450	1.800	1.000	1.000	1.450	1.800
\$2,500	1.000	1.000	1.600	2.200	1.000	1.000	1.600	2.200

Exclude Preventative and Diagnostic from Plan Maximum

Maximum	Adult				Child			
	A	B	C	D	A	B	C	D
\$500	1.000	0.960	0.800	0.600	1.000	0.960	0.800	0.600
\$750	1.000	0.990	0.880	0.800	1.000	0.990	0.880	0.800
\$1,000	1.000	1.010	0.930	1.000	1.000	1.010	0.930	1.000
\$1,200	1.000	1.010	1.110	1.200	1.000	1.010	1.110	1.200
\$1,250	1.000	1.010	1.110	1.200	1.000	1.010	1.110	1.200
\$1,500	1.000	1.010	1.250	1.400	1.000	1.010	1.250	1.400
\$2,000	1.000	1.010	1.450	1.800	1.000	1.010	1.450	1.800
\$2,500	1.000	1.010	1.600	2.200	1.000	1.010	1.600	2.200

Note: Plan Maximum Adjustment factors for Classes A, B, & C are per person plan year maximums while Class D is a per person lifetime maximum.

Note: For graded maximum plans, the Plan Maximum Adjustment factors are a weighted average of 1/5 times the year 1 factor plus 1/5 times the year 2 factor plus 3/5 times the year 3 factor.

Step 9 Maximum Roll Forward**Max Roll Forward (Standard)**

Maximum	Adult			Child		
	A	B	C	A	B	C
\$500	1.000	1.010	1.050	1.000	1.035	1.020
\$750	1.000	1.010	1.050	1.000	1.018	1.050
\$1,000	1.000	1.000	1.050	1.000	1.000	1.080
\$1,200	1.000	1.000	1.050	1.000	1.000	1.090
\$1,250	1.000	1.000	1.050	1.000	1.000	1.090
\$1,500	1.000	1.000	1.050	1.000	1.000	1.095
\$2,000	1.000	1.000	1.050	1.000	1.000	1.085
\$2,500	1.000	1.000	1.065	1.000	1.000	1.075
\$3,000	1.000	1.000	1.065	1.000	1.000	1.075

Max Roll Forward Only If Cleaning or Exam In Prior Plan Year

Maximum	Adult			Child		
	A	B	C	A	B	C
\$500	1.000	1.005	1.025	1.000	1.009	1.025
\$750	1.000	1.000	1.025	1.000	1.000	1.040
\$1,000	1.000	1.000	1.025	1.000	1.000	1.045
\$1,200	1.000	1.000	1.025	1.000	1.000	1.045
\$1,250	1.000	1.000	1.025	1.000	1.000	1.048
\$1,500	1.000	1.000	1.025	1.000	1.000	1.043
\$2,000	1.000	1.000	1.033	1.000	1.000	1.038
\$2,500	1.000	1.000	1.033	1.000	1.000	1.038

Note: Maximum Roll Forward factors for Classes A, B, & C are per person plan year maximums.

Step 10 Deferred Benefits Adjustment

Deferred Benefits Adjustment factors vary based on whether the group has had prior coverage or not. It is applied to the type of service with deferred benefits. For waiting period plans, the deferred benefit adjustment occurs in this step while the adjustment for graded coinsurance is in the coinsurance step.

Deferred Benefit Adjustment factors are developed from assumptions on annual member lapses, annual member growth and group persistency. Current assumptions are 5% member lapses per year, 10% member growth per year and 5-year group persistency.

It is assumed that takeover credits are provided to individuals with coverage under the prior plan.

Takeover Groups

Waiting Period Plans	Months	A	B	C
0 months	0	1.000	1.000	1.000
3 months	3	0.995	0.995	0.995
6 months	6	0.930	0.930	0.930
12 months	12	0.870	0.870	0.870
18 months	18	0.820	0.820	0.820
24 months	24	0.779	0.779	0.779

Virgin Groups

Waiting Period Plans	Months	A	B	C
0 months	0	1.050	1.100	1.150
3 months	3	0.975	0.975	0.975
6 months	6	0.855	0.855	0.855
12 months	12	0.721	0.721	0.721
18 months	18	0.599	0.599	0.599
24 months	24	0.488	0.488	0.488

Graded Coinsurance & Graded Maximum Plans	Takeover Factor	Virgin Factor
Year 1	12.96%	27.87%
Year 2	9.19%	23.36%
Year 3+	77.85%	48.78%

Note: For Graded Coinsurance Plans, multiply the coinsurance percentage by the graded adjustment factor for each year of service.

Example: If the plan is Class A 100/100/100 years 1/2/3, Class B 80/80/80 years 1/2/3, & Class C 25/50/50 years 1/2/3 then the factor calculation works as follows:

Class A coinsurance factor = 1.00

Class B coinsurance factor = 0.80

Class C coinsurance factor = $.25(X) + .50(Y) + .50(1 - (X + Y))$, where X is percentage of mouths in their 1st year of coverage, Y is the percentage of mouths in the 2nd yr of coverage, and $1 - (X + Y)$ are the percentage of mouths in the 3rd or greater year of coverage.

Orthodontic Waiting Period	Months	Factor
0 months	0	1.250
12 months	12	1.000
24 months	24	0.900

Step 11 Percentage of Covered Expenses

The Percentage of Covered Expenses (i.e. coinsurance) is the amount the insurance company will pay for a Covered Procedure. This amount may vary by class of service as well as Plan Year. Percentages are in increments of 5 percentage points and range from 0% to 100%.

Maximum	Adult				Child			
	A	B	C	D	A	B	C	D
100%	1.000	1.200	1.500	1.000	1.000	1.200	1.500	1.000
95%	0.935	1.100	1.400	0.950	0.935	1.100	1.400	0.950
90%	0.870	1.000	1.300	0.900	0.870	1.000	1.300	0.900
85%	0.805	0.900	1.200	0.850	0.805	0.900	1.200	0.850
80%	0.740	0.800	1.100	0.800	0.740	0.800	1.100	0.800
75%	0.675	0.733	1.000	0.750	0.675	0.733	1.000	0.750
70%	0.610	0.667	0.900	0.700	0.610	0.667	0.900	0.700
65%	0.545	0.600	0.800	0.650	0.545	0.600	0.800	0.650
60%	0.480	0.533	0.700	0.600	0.480	0.533	0.700	0.600
55%	0.415	0.467	0.600	0.550	0.415	0.467	0.600	0.550
50%	0.350	0.400	0.500	0.500	0.350	0.400	0.500	0.500
45%	0.315	0.405	0.450	0.450	0.315	0.405	0.450	0.450
40%	0.280	0.360	0.400	0.400	0.280	0.360	0.400	0.400
35%	0.245	0.315	0.350	0.350	0.245	0.315	0.350	0.350
30%	0.210	0.270	0.300	0.300	0.210	0.270	0.300	0.300
25%	0.175	0.225	0.250	0.250	0.175	0.225	0.250	0.250
20%	0.140	0.180	0.200	0.200	0.140	0.180	0.200	0.200
15%	0.105	0.135	0.150	0.150	0.105	0.135	0.150	0.150
10%	0.070	0.090	0.100	0.100	0.070	0.090	0.100	0.100
5%	0.035	0.045	0.050	0.050	0.035	0.045	0.050	0.050
0%	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000

Note: Factors in this table, with the exception of Class D, are calculated by formula as $[(1.1 \times \text{coinsurance percentage}) - .10]$. Class D factors are the actual coinsurance percentage themselves.

Step 12 Dependent Age Adjustment

Maximum Dependent Age	Child			
	A	B	C	D
19	0.952	0.952	0.952	0.830
20	0.964	0.964	0.964	0.920
21	0.976	0.976	0.976	0.960
22	0.988	0.988	0.988	0.980
23	1.000	1.000	1.000	1.000
24	1.013	1.013	1.013	1.020
25	1.025	1.025	1.025	1.040

Step 13 Age / Gender Adjustment

Adult Adjustment						
Member Age Group	Male			Female		
	A	B	C	A	B	C
under age 25	0.95	1.20	0.62	1.15	1.30	0.75
25-29	0.95	1.20	0.62	1.15	1.30	0.75
30-34	0.90	0.95	0.66	1.00	1.00	0.71
35-39	0.94	0.95	0.82	1.00	0.98	0.91
40-44	0.96	0.96	0.98	1.00	0.96	1.04
45-49	0.96	0.96	1.18	1.00	0.94	1.17
50-54	0.96	0.96	1.23	1.00	0.92	1.25
55-59	1.00	0.96	1.34	1.00	0.90	1.35
60-64	1.02	0.98	1.55	1.00	0.88	1.47
65+	1.20	1.05	2.00	1.00	0.88	1.81

Note: The adult age/gender adjustment is calculated as follows: by class of service, multiply the number of males and females per age bracket (eligible individuals for virgin groups and enrolled individuals for takeover groups) by their respective factors, sum over all ages, and divide by the total number of males and females. Use the resulting factors for adults.

Step 14 Underwriter Adjustment

This step allows the underwriter to make overriding rate adjustments at the class of service level, separately for Adults and Children. Characteristics that an underwriter may consider include historical persistency with the prior carrier, producer experience, member turnover and renewal history.

Step 15 Sub-Total 3

Multiply Steps 7 through 14.

Step 16 Combined Sub-Total

Add all Adult and Child Sub-Totals 3 for Classes A, B, C and D separately for In & Out-of-Network.

Step 17 Bleaching

Lifetime Maximum	Factor
\$0	1.000
\$500	1.015
\$750	1.020

Step 18 Industry Adjustment

Note: Industry adjustments are given for SIC industry designations in Appendix A.

Step 19 Case Size Adjustment

Number of Enrolled Members	Factor
1 - 4	1.230
5 - 9	1.100
10 - 24	1.050
25 +	1.000

Factors are based on an assumed small group plan design that mitigates utilization and is at least as restrictive as the following example: (i.e. no high-low plan, endo, perio, oral surgery in Type 3, 100/80/50, 12-month waiting period on Type 3 and a \$50 deductible, X3 per family).

Step 20 Choice Plans

This step loads rates (accounts for expected anti-selection) whenever the product offering provides a choice of plan designs to the individual.

Choice Plans	Factor
None	1.000
High/low	1.030

Step 21 Penetration Adjustment

The basic in-network penetration assumption is a percentage based on the number of participating dentists in each 3-digit zip code region, divided by the estimated number of total dentists in each 3-digit zip code region. This basic penetration assumption is then adjusted by the value of the in-network (INN) plan design as compared to the out-of-network (OON) plan design (i.e. coinsurance and deductible comparison).

Step 22 Group Contribution Adjustment

Group Contribution Level	Factor
0% 29%	1.10
30% 79%	1.00
80% 100%	0.90

Step 23 Sub-Total 4

Calculate the product of Steps 15 through 22.

Step 24 Blended In & Out Claim Costs

Add Adult and Child Subtotals for In & Out-of-Network.

Step 25 PPO PMPM Fee

This is the current per member per month (PMPM) charge for PPO network access. Fees vary by network and are expected to fall within the range of \$0.55 to \$1.25.

Step 26 Target Loss Ratio

The Target Loss Ratio is equal to (1 - Commission % - Premium Tax % - Third Party Administration % - Insurance Carrier Expense % - Profit %).

<u>Gross Annual</u>		<u>Commissions</u>		<u>Premium</u>	<u>Third Party</u>	<u>Carrier</u>	
<u>From</u>	<u>To</u>	<u>Basic</u>	<u>Voluntary</u>	<u>Tax</u>	<u>Administration</u>	<u>Expenses</u>	<u>Profit</u>
\$ -	\$ 5,000	10.00%	10.00%	2.00%	10.50%	5.00%	5.00%
\$ 5,000	\$ 10,000	7.50%	10.00%	2.00%	7.50%	5.00%	5.00%
\$ 10,000	\$ 20,000	7.50%	10.00%	2.00%	5.50%	5.00%	5.00%
\$ 20,000	\$ 30,000	5.00%	10.00%	2.00%	5.50%	5.00%	5.00%
\$ 30,000	\$ 50,000	2.50%	10.00%	2.00%	5.50%	5.00%	5.00%
\$ 50,000	\$ 70,000	2.50%	10.00%	2.00%	5.50%	5.00%	5.00%
\$ 70,000	\$ 100,000	2.50%	10.00%	2.00%	5.50%	5.00%	5.00%
\$ 100,000	\$ 120,000	1.00%	10.00%	2.00%	5.50%	5.00%	5.00%
\$ 120,000	\$ 150,000	1.00%	10.00%	2.00%	5.00%	5.00%	5.00%
\$ 150,000	\$ 175,000	1.00%	10.00%	2.00%	5.00%	5.00%	5.00%
\$ 175,000	\$ 200,000	1.00%	10.00%	2.00%	5.00%	5.00%	5.00%
\$ 200,000	\$ 250,000	0.50%	10.00%	2.00%	5.00%	5.00%	5.00%
\$ 250,000	\$ 300,000	0.50%	10.00%	2.00%	5.00%	5.00%	5.00%
\$ 300,000	\$ 350,000	0.50%	10.00%	2.00%	4.00%	5.00%	5.00%
\$ 350,000	\$ 400,000	0.50%	10.00%	2.00%	4.00%	5.00%	5.00%
\$ 400,000	\$ 450,000	0.50%	10.00%	2.00%	4.00%	5.00%	5.00%
\$ 450,000	\$ 500,000	0.50%	10.00%	2.00%	4.00%	5.00%	5.00%
\$ 500,000	\$ 600,000	0.50%	10.00%	2.00%	4.00%	5.00%	5.00%
\$ 600,000	\$ 700,000	0.50%	10.00%	2.00%	4.00%	5.00%	5.00%
\$ 700,000	\$ 800,000	0.50%	10.00%	2.00%	4.00%	5.00%	5.00%
\$ 800,000	\$ 900,000	0.50%	10.00%	2.00%	4.00%	5.00%	5.00%
\$ 900,000	\$ 1,000,000	0.50%	10.00%	2.00%	4.00%	5.00%	5.00%
\$ 1,000,000	\$ -	0.50%	10.00%	2.00%	4.00%	5.00%	5.00%

Step 27 Premium

The Blended In & Out Claims Costs divided by the Target Loss Ratio.

Step 28 Manual Premium Rates By Tier Structure

Tier Structure Formulas				
		Member	Spouse	Child
1 Tier	Per Adult	1.000	-	-
	Per Child	-	-	1.000
2 Tier	Member Only	1.000	-	-
	Member and Family	1.000	0.850	1.465
3 Tier	Member Only	1.000	-	-
	Member & 1 Dependent	1.000	0.734	0.193
	Member & 2+ Dependents	1.000	0.875	2.132
4 Tier	Member Only	1.000	-	-
	Member and Spouse	1.000	1.000	-
	Member and Children	1.000	-	1.700
	Member and Family	1.000	1.000	2.085

Appendix A - Industry Factors (10+ Lives)

Industry factors are listed by SIC code.

SIC Lower	SIC Upper	Category	Description	Factor
100	199	Agriculture	Agricultural Production Crops	0.825
200	299	Agriculture	Agriculture - Livestock and Animal Specialties	0.850
300	699	Agriculture	Agriculture	0.875
700	799	Agriculture	Agricultural Services	0.875
800	999	Agriculture	Forestry, Fishing	0.875
1000	1299	Mining	Metal Mining, Coal Mining	1.000
1300	1399	Mining	Oil/Gas	0.875
1400	1499	Mining	Nonmetallic Mining	1.000
1500	1599	Construction	General Contractors	0.950
1600	1699	Construction	Heavy Construction	0.925
1700	1799	Construction	Special Trade Contractors	0.925
2000	2099	Manufacturing	Food Products	0.900
2100	2199	Manufacturing	Tobacco	0.950
2200	2399	Manufacturing	Textile Mills, Apparel	0.900
2400	2499	Manufacturing	Lumber & Wood	0.875
2500	2599	Manufacturing	Furniture	0.900
2600	2699	Manufacturing	Paper & Allied Products	0.950
2700	2899	Manufacturing	Printing, Chemicals	0.975
2900	2999	Manufacturing	Petroleum & Coal	0.925
3000	3099	Manufacturing	Rubber & Plastics	0.975
3100	3199	Manufacturing	Leather	1.000
3200	3299	Manufacturing	Stone, Clay, Glass, Concrete	0.875
3300	3399	Manufacturing	Metals	0.900
3400	3499	Manufacturing	Fabricated Metals	0.925
3500	3599	Manufacturing	Machinery	1.000
3600	3699	Manufacturing	Electrical Equipment	1.050
3700	3799	Manufacturing	Transportation Equipment	0.975
3800	3899	Manufacturing	Instruments	1.050
3900	3999	Manufacturing	Misc. Manufacturing	1.000
4000	4099	Transportation	Railroad	0.900
4100	4399	Transportation	Local Transit, Trucking & Warehousing, USPS	0.900
4400	4499	Transportation	Water Transport	0.900
4500	4699	Transportation	Air Transport	0.950
4700	4799	Transportation	Transport Services	0.900
4800	4899	Utilities	Communication	0.950
4900	4999	Utilities	Electric, Gas, etc	0.850
5000	5099	Trade	Wholesale - Durable	1.000
5100	5199	Trade	Wholesale - Non-Durable	1.025
5200	5299	Trade	Retail Trade - Hardware	0.950
5300	5399	Trade	Retail Trade - General	0.900
5400	5499	Trade	Retail Trade - Food	0.900
5500	5599	Trade	Retail Trade - Automotive	0.975
5600	5699	Trade	Retail Trade - Apparel	0.975
5700	5799	Trade	Retail Trade - Furniture	0.950
5800	5899	Trade	Retail Trade - Restaurants	0.900
5900	5999	Trade	Retail Trade - Misc.	1.000
6000	6199	Finance	Banks, Credit Agencies	1.100
6200	6499	Finance	Brokers, Insurance Carriers/Agents	1.100
6500	6699	Finance	Real Estate Agents	1.100
6700	6999	Finance	Holding Invest. Co.	1.100
7000	7199	Services	Hotels	0.900
7200	7299	Services	Personal Service	0.975
7300	7499	Services	Business Service	0.950
7500	7799	Services	Auto Repair & Garages, Repair Service	0.900
7800	7899	Services	Motion Pictures	0.900
7900	7999	Services	Recreation	1.025
8000	8049	Health Services	Medical	1.100
8050	8069	Health Services	Facility	0.950
8070	8099	Health Services	Medical	1.100
8100	8299	Services	Legal, Education	1.200
8300	8399	Services	Social Service	1.050
8400	8699	Services	Museums & Zoos, Nonprofit Organizations	1.050
8700	8799	Services	Engineering, Accounting	1.050
8800	8899	Services	Private Households	1.100
8900	9099	Services	Misc. Services	1.000
9100	9299	Public Administration	General Gov't, Judicial	1.025
9300	9399	Public Administration	Public Finance	1.000
9400	9499	Public Administration	Human Resources Admin	0.975
9500	9599	Public Administration	Housing Admin	1.050
9600	9699	Public Administration	Economic Program Admin	1.025
9700	9899	Public Administration	International & National Security	1.000
9900	9999	Nonclassifiable	No Code	1.000

State:	District of Columbia	Filing Company:	Nationwide Life Insurance Company
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health Dental		
Product Name:	Group Dental Filing		
Project Name/Number:	Group Dental Filing/GDTL AO L20 000 0613		

Supporting Document Schedules

Satisfied - Item:	Cover Letter All Filings
Comments:	See general information tab
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Certificate of Authority to File
Comments:	
Attachment(s):	NWL Letter of Authorization for ICC 07.01.13.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Dental_Actuarial_Memorandum.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Justification
Comments:	see attached actuarial memorandum and rate manual
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
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State:	District of Columbia	Filing Company:	Nationwide Life Insurance Company
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health Dental		
Product Name:	Group Dental Filing		
Project Name/Number:	Group Dental Filing/GDTL AO L20 000 0613		

Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Memorandum and Certifications
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Unified Rate Review Template
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	



Nationwide Life Insurance Company
One Nationwide Plaza
Columbus OH 43215
Mail Code 01-32-101

July 1, 2013

Mr. Brian Camling
President
Insurance Compliance Consultants, Inc.
3925 East State Street, Suite 200
Rockford, IL 61108

Dear Mr. Campling:

Please accept this letter as written confirmation that Insurance Compliance Consultants, Inc., has authority to file the attached form(s) or a state specific variation of it, and to act on behalf of Nationwide Life Insurance Company regarding such filings, in all jurisdictions where this form(s) or a state specific variation of it is being filed. Nationwide Life Insurance Company may withdraw this authorization at any time by giving notice to Insurance Compliance Consultants, Inc.

Sincerely,

A handwritten signature in black ink that reads "Bobby J. Handley".

Bobby J. Handley
Managing Counsel

NATIONWIDE LIFE INSURANCE COMPANY

Group Dental Insurance Policy

Policy Form GDTL AO L26 000 0613

Actuarial Memorandum

June 10, 2013

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1. Scope and Purpose

The purpose of this actuarial memorandum is to describe the benefits and assumptions for the attached Group Dental Insurance Policy and Riders for PPO, Schedule and Indemnity products, and to certify that this Form is in compliance with applicable laws and regulations. This is a new product filing to replace the previous filing. This memorandum should not be used for any other purpose.

Nationwide Life Insurance Company has engaged Actuarial Worksite Marketing Services (AWMS), an actuarial consulting firm, to develop premium rates for group markets. The rates and benefits shown are for the most common plan designs. Rates for other plan designs will be determined on an actuarially consistent basis.

2. Benefit Description

The policy provides Dental Insurance benefits to members within a group and their dependents. There is an initial contract period of 12 months. The premiums may be paid by the member, the group, or a combination of both. Benefits include reimbursement of Covered Expenses incurred from Covered Procedures (found in the Schedule of Covered Procedures of the Certificate), subject to any Deductible, Insurance Percentages (i.e. coinsurance), Co-Pay, and Maximum Annual Benefit. In addition, some procedures may have a waiting period, age limits and/or frequency limits as described in the Schedule of Covered Procedures of the Certificate.

The Maximum Reimbursement, Percentage of Covered Expense, and Deductible amounts may vary depending on whether or not a Participating or Nonparticipating Provider performs the Covered Procedure, as described in the Certificate.

The following Riders may be attached to this Policy:

- A Maximum Roll Forward Insurance Rider which allows for a portion of the unused Maximum Annual Benefit to be carried over into subsequent benefit years as defined in the rider. This rider also has an option where the insured person will only be eligible for the Maximum Roll Forward benefit if they received preventative services in the prior plan year.
- A Cosmetic Benefit Rider which includes benefits for porcelain crowns, posterior composite restorations, and teeth bleaching.
- An Implant Rider which provides coverage for dental implants.
- A Dental Enhancement Rider which contains the following optional benefits:
 1. An Oral Cancer Screening benefit which provides an additional screening mechanism during routine preventative exams for early detection and diagnosis of oral cancer.
 2. An option to exclude dental procedures covered under Class A (Preventative and Diagnostic) from the plan year maximum accumulation.
 3. An option to waive the plan year deductible for Class A (Preventative and Diagnostic) if the insured person received Class A services in the prior plan year.

4. A Maternity Benefit option which provides additional benefits or increased frequency of benefits for specified services (e.g. cleanings) during pregnancy.
5. A Fourth Quarter Deductible Carryover option which provides deductible credit for the new plan year when all or a portion of the deductible is met in the 4th quarter of the prior plan year.

3. Renewability

This is an Optionally Renewable Form. The renewal period is generally one to two years.

4. Applicability

Upon approval, the manual rates will apply to new business and existing business at renewal, to the extent that the groups are rated based on manual rates. Larger groups will be experience rated and rates will be a blend of manual and experience using standard experience rating techniques.

5. Morbidity

The utilization and demographic assumptions used in developing the premium rates are based on a proprietary database provided by Actuarial Worksite Marketing Services, Inc., an actuarial consulting company. In addition, confidential network and non-network reimbursement data (updated periodically) are used for the basis of reimbursing Covered Expenses by significant geographic area. The resulting rate basis is used to price the dental product nationally and covers the plan designs and features expected to be encountered on the large majority of cases. On occasion, an underwriter or actuary may need to interpolate a manual rate to meet a special need of a policyholder. The benefits and premiums underlying this data are similar to the benefits and premiums for this Form.

6. Mortality

This assumption is not applicable.

7. Persistency

Lapse rates are not a significant factor in the development of claims cost for this product since it is priced on an annually renewable term basis. The exception is in the development of factors to adjust for deferred benefits. Factors were developed by AWMS from assumptions on member lapses (5%), member growth per year (10%) and average group persistency (5 years).

8. Expenses

Average expenses for all years under this policy are as follows:

	<u>Basic</u>	<u>Voluntary</u>
a) Commissions	8.1%	12.5%
b) Premium Tax	2.0%	2.0%
c) Third Party Administration	6.3%	6.4%
d) Insurance Carrier Expenses	<u>5.0%</u>	<u>5.0%</u>
e) Total Expenses	21.4%	25.9%

Expense assumptions are expected to be reasonable in the aggregate to actual expenses incurred. Commissions and the cost of Third Party Administration may vary by case.

9. Marketing Method

This policy is intended to be distributed to employer groups, associations, and educational institutions through the use of independent insurance brokers/agents working with representatives of Nationwide Life, consultants, managing general underwriters, and directly via the web.

10. Underwriting

Policies are issued to eligible groups as group policies and subject to standard group underwriting. No individual underwriting is done. On occasion, an underwriter or actuary may need to adjust a manual rate to meet a special need of a policyholder. Upon doing so, rates will be developed that are actuarially consistent with those included in this filing and minimum loss ratio requirements will still be met.

11. Issue Age Range

This Form can be issued to all ages. Initial premiums are based on the issue ages of the entire group, and premiums are the same for all members within it.

12. Area Factors

Rates will vary by area through application of a geographic area factor. Area rating factors used for this Form were developed using data from AWMS and our network partner.

13. Average Annual Premium

Premiums will vary based on factors such as plan design, benefit level, and demographic mix of sold business. The average national annual premium per composite certificate based on our prior experience is \$859.43.

14. Premium Mode Rules

Premium is equal to the annual premium divided by the number of payments in a year. For example, monthly premiums are calculated as 1/12 of annual premiums. There is no adjustment for interest for premium modes other than annual.

15. Premium Classes

This Form has no discrete premium classes as such; however, certain factors are considered in pricing. These factors are: plan design, contribution percentage, group size, prior coverage, geographic location, industry, and average age and gender of the member. The rating adjustments for each of these factors were determined by a proprietary inter-company database provided by Actuarial Worksite Marketing Services, Inc.

16. Claim Liability and Reserves

Incurred but not Reported Reserves (IBNR) are calculated using completion factor methodology by reviewing historical paid and incurred claim payment patterns and following standard industry practice and statutory guidelines.

17. Active Life Reserves

No active Life reserves are held for this policy.

18. Trend Assumption

In-Network Trend: The current annual trend factor is 2.0%.

Out-of-Network Trend: The current annual trend factor is 5.0%.

Future trends, updated periodically, are subject to market changes.

19. Anticipated Loss Ratio

The anticipated loss ratio for this Form is 73.6% for basic coverage and 69.1% for voluntary coverage at every duration. It is a function of group size and type of coverage (basic or voluntary).

20. Distribution of Business

There is currently no anticipation of a specific distribution of business.

21. Contingency and Risk Charge

This Form includes a contingency and risk charge equal to 5.0% of premium.

22. Policy Form Experience

N/A – this is a new policy form.

23. Lifetime Loss Ratio

Since the premium rates for this product were developed on a Group Optionally Renewable Term basis, this product was not priced using a Lifetime Loss Ratio standard.

24. History of Rate Adjustments

N/A – this is a new policy form.

25. Number of Policyholders

This is a new policy form; there are no existing policyholders.

26. Charging of Premiums

The premiums may be paid by the group seeking coverage, the individual member or a combination of both.

27. Effect of Law Changes

N/A – this is a new policy form.

28. Proposed Effective Date

This Form will become effective immediately upon approval by the Department of Insurance.

29. Actuarial Certification

Nationwide Life Insurance Company relied on external data of our business partners and work done by our external consultants in the preparation for this filing.

I certify that, to the best of my knowledge and judgment, this rate filing is in compliance with applicable laws of the State and the rules of the Department of Insurance. I further certify that the benefits provided are reasonable in relation to the premiums charged and in my opinion, the rates are not excessive, inadequate, nor unfairly discriminatory.

Donald Schley

Donald Schley, FSA, MAAA
Actuary
Nationwide Life Insurance Company
June 10, 2013